U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 Sile Number 11	
1. File Number U - 77933	2. Fiscal Year Covered From:
	01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Mark Spano	Name Central States Soint Board
	Labor Organization File Number 028-705
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1950 West Erie Street	Street 1950 West Erie Street
City Chicago	City Chicago
State Illinois ZIP Code + 4 60622	State (+V)
Position in labor organization. President	ZIP Code +4 60622
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Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of action represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	ation represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	ation represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).  lame  rade Name, if any:  O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).  lame  rade Name, if any:  O. Box, Bldg., Room No., if any  treet	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).  Name  P.O. Box, Bldg., Room No., if any  Itreet  Ity  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name and address of Employer (including trade name, if any).  Name  P.O. Box, Bldg., Room No., if any  Itreet  Ity  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of ubmitted in this report (including the information).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.
Name and address of Employer (including trade name, if any).  Name  P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanindersigned's knowledge and belief, true, correct, and complete. (See the second	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.
Signature and verification. The undersigned decisions of the second seco	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Amount.

Name of Person Filing Mark Spano	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Blue Cross/Blue Shield  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 300 East Randolph Street  City Chicago  State I // in ois ZIP Code +4 606 6/	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Central States Joint Board. Health -  Trade Name, if any: Welfare Fund  P.O. Box, Bidg., Room No., if any  Street 1950 West Er.c. Street  City Chicago  State Ilinois ZIP Code +4 60622	11.a. Nature of such dealing.  Labor Golf Outing August 2, 2004  Labor Holda Party December 3, 2004  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	
Street City ZIP Code + 4		
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	

Name of Person Filing Mark , Span o	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name IMPACT Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street RORS North Seminary Ave  City Chicago  State Illinois ZIP Code + 4 60614	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Pension Food  Colf Challenge, July 2004  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	

Same of Person Filing   Mark   Spans			
abblands part of which consists of buying from, selling or leasing for, or otherwise dealing with the business of an employer whose employees you falso or operation, or of an employer whose employees you falso or operation. Or of an employer whose employees you falso or operation. Or of the wive selling or leaves are decided on the consistency of indicately to a or therwise dealing.  8. Name and address of Business (Including trade name, if any).  8. Name and address of Business (Including trade name, if any).  8. Name and address of Business (Including trade name, if any).  8. Labor Organization  9. Dusiness deals with:  8. a. Labor Organization  9. Dusiness deals with:  8. a. Labor Organization  9. Dusiness deals with:  9. Dusiness de	Name of Person Filling Mark Spano	File Number U-	
Name   Ame, if any   F.O. Box, Bidg., Room No., if any   2608   I.a. Nature of such dealing.   I.a. Nature of such dealing.	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise		
Name Trade Name, if any:    P.O. Box, Bidg., Room No., if any	Name American Income Life Insurance  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 2608  Street  City Waco	a. Labor Organization  b. Trust	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code +4  ZIP Code +4  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant (including trade name, if any):  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  13.A. Nature of payment.  14.B. Amount of payment.  14.B. Amount of payment.	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Table  ZIP Code + 4	Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Spouge of Labor Union Official received.  Compensation from the American Income Life Insurance in her carpacity as a public relations coordinator.	
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  Stafe  ZIP Code + 4	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP-Code + 4  14.b. Amount of payment.	Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any  Street  City  Stafe  ZIP-Code + 4*  14.b. Amount of payment.	Name		
Street City  State ZIP Code + 4**  14.b. Amount of payment.	Trade Name, if any:		
City State ZIP Code + 4	P.O. Box, Bldg., Room No., if any		
State ZIP Code + 4 1 14.b. Amount of payment.	Street		
14.b. Amount of payment.	City		
13.b. is the Business an Employer or Consultant 7	Stafe ZIP Code + 4		
**************************************	13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11434	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12 / 3/ / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Steve Torello	Name Control States Joint Board
P.O. Roy Pide Doom No. if any Communication of the	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1950 West Eric Street	Street 1950 West Frie Street
City Chicago	City
State Illinois ZIP Code +4 60622	State TII State 7115 S
5. Position in labor organization	State # ZIP Code +4 60622
Secty Treasura	
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization	represents or is actively seeking to represent.
6. Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	;
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signat	ire
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section.)	jury and other applicable penalties of the law, that all of the information documents), has been examined by the signatory and is, to the best of the n on penalties in the instructions.)
Signed Standard Company	
CIGITIES AND	On (A) 412,305 (3)2-738-0622
Form LM-30 (2003)	Late Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Blue Cross/Blue Shield  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 388 East Rando(ph Streat  City Chicago  State #1/inois ZIP Code + 4 6060/	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Contral States Jaint Board, Health	habor Golf Outing, August 2, 2004	
P.O. Box, Bidg., Room No., if any  Street 1950 West Frie Street	habor Golf Outing, August 2, 2004 habon Holiday Party, December 3, 2004	
, , , , , , , , , , , , , , , , , , ,	11.b. Approximate dollar value of such dealing.	
State I//wois ZIP Code + 4 60622	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	
10.0. 10 the Duamose an Employer   Of Consultant	ACCOMMENDATION OF THE PROPERTY	

Name of Person Filing	File Number U-	
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8. Name and address of Business (including trade name, if any).  Name IMPACT Pensian Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 2028 North Seminary  City Chicago  State I//inois ZIP Code +4 606/19	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
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Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City  State ZIP Code + 4	Pension Fund Golf Charlenge,  50/y 2004  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
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